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ABSTRACT

The SUCCESS Program of the Des Moines (Iowa) Public Schools provides employment, health, mental health, and social services in a comprehensive "one-stop shopping" manner at the most accessible location for children and youth, the public school that they attend. During the 1995-96 school year, the strategies of the SUCCESS program were delivered to families at seven elementary schools, two middle schools, two high schools, and two alternative high schools. Program funds, which totaled \$1,560,802, were derived from the Iowa Department of Education, the private sector, and the school district. The SUCCESS Program includes the United Way of Central Iowa as a partner in developing a collaborative effort to offer services to children, youth, and their families. Any student who is not mastering basic skills, or who seems to be at-risk, may be self-referred to the center, or may be referred by a school staff member or community service agency member. The case management model that is used provides caring, committed human service professionals to assist families. Evaluation of the SUCCESS program indicates that the program contributed directly to the accomplishment of the district mission by serving a diverse population of students, strengthening the qualities of the family that enhance learning, and by reducing those factors that interfere with learning. The program's most prominent strengths are in its ability to provide intensive services, improve use of community resources, identify unmet needs, and communicate program outcomes to funders and other interested parties. Over 90% of the families who received case management services made progress toward achieving the goals that they developed in their individual case plans. Future plans for the program are discussed. (Contains eight tables.) (SLD)

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Planning/Evaluation Report
for
1996-97

SUCCESS Program

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October, 1997

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SUCCESS PROGRAM

Evaluation Abstract

CONTEXT EVALUATION

To address issues which place children and youth at risk of not succeeding in their educational programs and to improve the human services delivery system, the SUCCESS Program provides employment, health, mental health, and social services in a comprehensive "one-stop shopping" manner at the most accessible location for children and youth—the public school where they attend. During the 1996-97 school year the strategies of the SUCCESS Program were delivered to families in the attendance areas of Edmunds, Findley, King, Longfellow, Lucas, McKinley, and Moulton Elementary Schools, Harding and Hiatt Middle Schools, and East and North High Schools, Casady Alternative, and Vincent C. Scavo Alternative High Schools.

The SUCCESS Program provides a continuum of services on a prenatal through age 20 basis which includes intensive school and home-based case management services and coordination of human services and community resources to meet the needs of children, youth, and their families who are at high-risk. Goals of the program include the following: 1) to promote the healthy development of children; 2) to help prepare children for school learning; 3) to empower children and youth to succeed in educational programs; 4) to complete high school; 5) to remain drug-free; 6) to remain alcohol-free; and 7) to become productive workers and contributors to the community.

The SUCCESS Program provides coordinated services to children, youth, and their families through three primary strategies:

- **DIRECT PROVISION OF SERVICES** at Family Resource Centers located in each program school. These services are provided by SUCCESS staff or staff who have been re-positioned from community agencies to provide services in the Family Resource Center. Assistance is provided in the areas of health, substance abuse, mental health, employment, basic needs, and social services to any family member who is identified for services. Case management is available to selected children, youth and their families who require intensive assessment of need, identification of personal goals, coordination of services, advocacy in accessing services, and follow-up.
- **REFERRAL TO COMMUNITY AGENCIES AND INTENSIVE FOLLOW-UP** is provided when services are not available in the Family Resource Centers.
- **EXPANSION OF SCHOOL NURSING SERVICES** is provided at selected buildings in order to deliver health services on a full-time basis during the school year and as needed in the summer.

INPUT EVALUATION

The budget for the SUCCESS Program for the 1996-97 school year totaled \$1,560,802. Program funds were derived from a variety of sources including the Iowa Department of Education, the private sector, and the district. A total of \$254,380 in private sector funds was available during the 1996-97 school year.

SUCCESS Program staff consisted of one program manager, two program coordinators, twenty-five case managers, one prevention specialist, and two secretaries. In May, 1997, when the program manager resigned, the Way To Grow/Elementary Program Coordinator was selected to fill the position. To reduce costs, one program coordinator position and one secretarial position were eliminated. Expenditures for salaries were \$1,069,462.29 and \$281,142.22 for benefits, totaling \$1,350,604.51. The cost of in-service/staff development including associated travel, lodging, meals, and registration costs was \$14,121.20.

The SUCCESS Program includes United Way of Central Iowa as a partner in developing a collaborative effort to offer services to children, youth, and their families in non-traditional ways. Through the partnership with United Way, human service agencies have been willing to re-position staff part-time in Family Resource Centers. Eighteen agencies re-positioned staff in program schools to offer services on a part-time basis. In addition to having immediate access to agency staff re-positioned in program schools, staff of the SUCCESS Program have made referrals to many community resources and have met with them to identify how best to access services. Approximately 100 different agencies have collaborated with the SUCCESS Program in one or more of these ways.

PROCESS EVALUATION

Any child or youth, in or out of school, who is not mastering basic skills and/or who seems to be living under conditions which place her/him at risk may be self-referred to the center or referred by a school staff member, friend, parent, or community agency staff person. The child or youth is referred for a structured assessment with a center staff member to determine whether a case manager should intervene to provide long-term, comprehensive services or whether specific services can be provided on a short-term basis by center staff such as the employment specialist or nurse.

The case management model, used in providing services to selected families, provides for caring, committed human service professionals with a social work or comparable background to assist families to strengthen their natural resiliency and to address and reduce the factors which place youth and their families at risk. Case managers have their offices at program schools so children and youth have direct, easy access to their services and so the services are available to the youth in a coordinated, timely, pro-active fashion. The case management system emphasizes personalism, accountability, and coordination. Each case manager serves no more than 20 families at any one time.

The need to address particular topics as in-service or staff development activities is communicated on a regular basis to the Program Manager and Program Coordinators. This communication happens formally at regularly scheduled staff meetings and yearly planning sessions as well as informally through one-on-one conversations with staff. In-service/staff development activities for the SUCCESS Program occur at regularly scheduled staff meetings and on-going professional meetings and conferences.

The SUCCESS Program has an extensive management system for monitoring program activities and outcomes. Student and family data on services and outcomes are computerized to manage the information effectively and all the data to document objective attainment are submitted to the SUCCESS Program Manager and maintained on file.

PRODUCT EVALUATION

The SUCCESS Program directly contributes to the accomplishment of the district mission by serving a diverse population of students, strengthening those qualities in the family that enhance learning, and by reducing factors within the family that interfere with learning. Program services are designed to meet the needs of a diverse group of students whose aspirations and achievements may be negatively affected by stereotypes linked to race, national origin, language background, gender, income, family status, parental status, and disability.

The program's most prominent strengths are the ability to provide intensive services to families, improving utilization of community resources through collaboration, identification of unmet needs, and the ability to communicate program outcomes to funders and other interested parties. Over 90 percent of families who received case management services made progress towards achieving the goals that they developed in their individual case plans. For seven years, the connection rate for referrals to community agencies has exceeded 70 percent.

FUTURE PLANS

Future planning and responding to unmet needs involves these considerations:

- Expansion of mental health services for children, youth, and families
- Expansion of child care for pregnant and parenting teens
- Continued development of early intervention strategies through services to families with young children
- Development of a certification process for case managers engaged in family development activities
- Improvement of evaluation and research components through expansion of computer availability and staff training
- Continued emphasis on connections to basic needs; substance abuse prevention, assessment, and referral; transportation; employment; medical services; mentoring; tutoring; and recreation

A copy of the complete report is available upon request from the Department of School Improvement, Des Moines Public Schools, 1800 Grand Avenue, Des Moines, Iowa 50309-3399. Telephone: 515/242-7638.

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SUCCESS PROGRAM

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Des Moines Independent Community School District

Des Moines, Iowa 50309-3399

October, 1997

**DES MOINES INDEPENDENT COMMUNITY SCHOOL DISTRICT
DES MOINES, IOWA**

DISTRICT MISSION STATEMENT

The Des Moines Independent Community School District will provide a quality educational program to a diverse community of students where all are expected to learn.

SUCCESS PROGRAM MISSION STATEMENT

The SUCCESS Program, a Des Moines community collaborative, will provide a continuum of services on a prenatal through age 20 basis to include intensive school and home-based case management services and coordination of human services and community resources to meet the needs of children, youth, and their families who are at high-risk, to assure that they thrive at home and achieve in their schools and communities.

CONTEXT EVALUATION

History

In 1988, community needs, types of programs available for children and youth at risk, gaps in programming, and duplication in service delivery were intensely studied by both Community Focus, Inc., (a group of local leaders) and district administrators. In response to the unmet needs of children, youth, and families living in the Des Moines community, Community Focus, United Way of Central Iowa, private contributors, human services agencies, and the Des Moines Public Schools began the process of collaboration by developing a proposal to the Iowa Department of Education for a school-based youth services program. The SUCCESS Program, the collaboration's school-based youth service program, was one of four programs funded in the state for the initial four years through the Department of Education (HF 535) and for four additional years with continuation of funding from HF 535.

SUCCESS Program services were first offered in the fall of 1990 at Moulton Elementary, Harding Middle, and North High schools. Initially, one Program Manager, one Center Coordinator, (North High School), five case managers (three at North one each at Harding and Moulton), and one secretary were employed. In the fall of 1992, the program was expanded to both alternative schools and a Family Resource Center which contains confidential, professional offices and conference rooms was created at Harding Middle School. A case manager and Center Coordinator were added to the staff at Harding, and two additional case managers were employed, one at each of the alternative schools.

In a continued effort to identify unmet needs, the collaboration began to explore the "Success By Six" and Way To Grow initiatives developing out of United Way of America. Several key collaborators visited the program in Minneapolis and brought back the concept of early childhood intervention and school readiness to Des Moines. Since the fall of 1993, services to families on a prenatal through age six and Kindergarten through grade five basis have been initiated at Edmunds, Findley, King, Longfellow, Lucas, McKinley, Moulton Elementary. Early intervention with young children is the most humane and concurrently the most cost-effective way to improve future outcomes.

Policies, Standards, and Regulations

Services provided by the SUCCESS Program are a part of the district's overall plan to meet the state standards for students at risk. A copy of the state standard (12.5 [13] Provision for At-Risk Students is on file with the SUCCESS program manager. A description of how the SUCCESS Program adheres to the standards is cited on page 26.

Current Program Description

Content

The SUCCESS Program provides coordinated services to children, youth, and their families through three primary strategies:

- **DIRECT PROVISION OF SERVICES** at Family Resource Centers located in each program school. These services are provided by SUCCESS staff or staff who have been re-positioned from other agencies to provide services in the Family Resource Center. Assistance is provided in the areas of health, substance abuse, mental health, employment, basic needs, and social services to any family member who is identified for services. Case management is available to selected children, youth, and their families who require intensive assessment of need, identification of personal goals, coordination of services, advocacy in accessing services, and follow-up.
- **REFERRAL TO OUTSIDE AGENCIES AND INTENSIVE FOLLOW-UP** are provided when services are not available in the Family Resource Centers.
- **EXPANSION OF SCHOOL NURSING SERVICES** is provided at selected buildings in order to deliver health services on a full-time basis during the school year and as needed in the summer.

Structure

To address issues which place children and youth at risk of not succeeding in their educational programs and to improve the human services delivery system, the SUCCESS Program provides employment, health, mental health, and social services in a comprehensive "one-stop shopping" manner at the most accessible location for children and youth—the public school in their neighborhood. Consolidating services in schools provides access to the majority of a community's children and youth and their families on a regular and continuing basis. The staff of the Family Resource Centers are either re-positioned in the school centers by community agencies on a full-time or part-time basis or are employed by the program.

In order to best meet the needs of the children and youth and their families, the centers are open 12 months a year, and center staff are available on a flexible schedule with the hours determined on the basis of the needs of families requesting services. In general, children and youth participate in center activities only when they are not in class or are not involved in other school-related activities. The center staff provide services before classes, after classes, during study halls, or lunch periods and make every attempt to avoid scheduling services at times when students would have to miss classes.

The case management model, used in providing services to selected families, provides for caring, committed human service professionals with a social work or comparable background to assist families to strengthen their natural resiliencies and to address and reduce the factors which place youth and their families at risk. The case management system emphasizes personalism, accountability, and coordination. Each case manager serves no more than 20 families at any one time. If new referrals exceed caseloads, the caseload is re-prioritized to accommodate the referral. Case managers serving families on a prenatal to age six basis emphasize outreach and home visitation, while also encouraging and enhancing early connections between the family and the neighborhood school. Improving the social, physical, emotional, and mental growth and development of children at an early age improves future academic achievement and healthy outcomes.

Evaluation and research are vital components of the program and assist staff to ensure that the needs of children and families are being met. Evaluation and research also help to establish a foundation for future funding and the continuation and replication of school-based youth services programs through the accumulation of data which verify strategies that are effective.

Needs Addressed by the SUCCESS Program

In planning the SUCCESS Program, during the seven years that services of the SUCCESS Program have been offered, one of the functions of the program has been to identify unmet needs in the community and to communicate those needs to United Way of Central Iowa, other collaborators, funders, interested community members, and staff of the district. Needs are identified through Community Focus, Inc., United Way, SUCCESS case managers, and children and families. A summary of the identified needs and program response to those needs over the past seven years appears below.

NEED	RESPONSE
Improved access to community services	Family Resource Centers at thirteen schools Intensive follow-up provided by program staff when referrals are made to community resources outside of the school Re-positioned community agency staff in Family Resource Centers - 1990-97
Improved access to health services	Expanding the role of school nurse to a full-time and year-round position - 1990 Development of the SUCCESS Center, a health center on-site at Vincent C. Scavo High School - 1996-97

NEED	RESPONSE
Mental health services that are accessible and affordable	Collaboration with United Way and United Way member agencies which has resulted in some agencies adding zero to their sliding fee scale and has made four mental health clinicians available to Findley, Lucas, McKinley, and Moulton elementary schools - 1993 and on-going
Substance abuse services that are accessible and affordable	Development of a proposal which was funded for three years beginning in the fall of 1994 and provides for a full-time substance abuse prevention specialist at North High School
Address the needs of children in the context of their families and to strengthen the family to achieve emotional and economic self sufficiency	Development of a holistic approach to assessing and prioritizing the needs of the entire family in 1993
Empower families to identify their own personal goals based on their expressed needs, priorities, and strengths	Emphasis on development and review of individualized case management plans which are an integral part of the case management strategy - 1990-97
Track information to guide programming in the areas of service delivery and student/family outcomes	Development of database and operational manual which is used by multiple school-based programs - 1993
Integration of SUCCESS Program staff into building programming	Development of a staff handbook, evaluation instruments, regular meetings for communication - 1995
Strengthen skills of program staff in the area of empowering families to meet their needs and become self sufficient	Formation of a staff development quality team to make recommendations regarding staff needs and training available to meet those needs - 1995
Identify issues and provide support to homeless youth who experience barriers to their academic success	Provision of tutoring services by certified teachers to youth who are residents of Iowa Homeless Youth Center or Youth Emergency Services and Shelter through a grant from the Iowa Department of Education - 1993
Address the problem of students dropping out of school, especially in the ninth grade	Implementation of the Learning Connections Program to provide structured team-building, leadership, tutoring, and service learning activities to ninth-grade students and parenting education and support to parents of eighth graders entering high school - 1995
Address the rising incidence of juvenile delinquency and to provide planning for community change for the benefit of youth	Development of a collaboration through the Youth First Consortium to provide prevention services and parenting support for children and families living on the southeast side of Des Moines through the Families Learning Together program - 1995

NEED	RESPONSE
Alleviate the lack of safe, affordable child care for families making progress toward self sufficiency	Formation of a collaboration between United Way, child care providers, SUCCESS and other case management programs to link families with child care with funding provided by United Way - 1996
Lack of opportunities for structured, stimulating, and constructive after-school activities for children and youth in low-income neighborhoods	Implementation of safe and developmentally appropriate after-school programs offered to children at the Riverfront and John R. Grubb YMCA which include recreation and homework help - 1994 and on-going

Goals and Objectives

Goals of the program include the following: 1) to promote the healthy development of children; 2) to help prepare children for school learning; 3) to empower children and youth to succeed in educational programs; 4) to complete high school; 5) to remain drug-free; 6) to remain alcohol-free; and 7) to become productive workers and contributors to the community.

The secondary goals of the program are to:

- establish Family Resource Centers located in schools with high rates of children and youth who are at risk which integrates the services of multiple providers,
- facilitate joint planning and make the most economic and effective use of limited resources,
- reduce the risk factors associated with alcohol and drug use which impact children and youth and their families, and
- increase resiliency and protective factors within high risk youth and within high risk families and communities to reduce the likelihood that youth will use alcohol and other drugs.

The comprehensive goals and objectives of the SUCCESS Program and the specific services offered by staff are in alignment with the district mission statement and objectives and are designed to support building objectives identified for the 1996-97 school year.

Use of Committees

- The SUCCESS Program participates in and receives feedback from a variety of community and school committees and study groups. These are cited on page 17. Two in particular provide input and make recommendations regarding the services of the program.

Children's Action Alliance

The Alliance is a community-wide effort convened by Community Focus, Inc., United Way of Central Iowa, and Drake University Head Start. The purpose of the Alliance is to develop linkages across service sectors to better support healthy children and families including maternal/child health, early childhood education, child care and family support.

The Service Vision of the Alliance is to work together to provide services that are integrated rather than fragmented, multi-dimensional rather than one-dimensional, and continuous rather than sporadic. Four feasible activities have been identified by members of the Alliance where disciplines of education, health, and human services can connect: 1) staff development, 2) public policy/awareness, 3) shared research, and 4) integrating services and resources.

Youth At Risk Coalition

In September, 1988, those involved in managing a variety of services to students at risk, including the New Horizons Program, began to regularly meet to review these programs' effectiveness and to assess how the district in light of diminishing resources could better meet the increasing needs of children, youth and their families living under circumstances which place them at risk. The Youth At Risk Coalition was created for the purpose of:

- making recommendations regarding the management of available program resources (time, staff, funds),
- monitoring and analyzing the extent and trends of the student dropout rate,
- reviewing policies, procedures, and practices in K-12 programming in an effort to reduce student withdrawals in the upper grades, and
- increasing collaborative activities among representatives of the community as well as district staff.

Membership during the 1996-97 school year included representatives from such organizations as Polk County Social Services, YMCA, United Way, Polk County Department of Human Services, Child and Family Policy Center, Urban Dreams, 4-H Iowa State University Extension Service, Homeless Youth Project, Young Women's Resource Center, State Juvenile Defender's Office, Children and Families of Iowa, Heartland Area Education Agency, Generations, Inc., and Des Moines Child and Adolescent Guidance Center. A total of 49 school and agency representatives serve on the Coalition. During the 1996-97 program year, a Steering Committee was formed to explore the possibility of merging several coalitions that address the needs of children and youth in order to maximize efforts and reduce duplication.

Through the work of the Coalition, needs have been identified and resources secured to address these needs, i.e., provision of a Sunshine Coach to provide additional transportation; four mental health clinicians assigned to Findley, Lucas, McKinley, and Moulton; mobile office unit established at Lucas.

In addition, the Coalition is an advisory body to the district in relation to the Safe and Drug-Free Schools and Communities Act (SDFSCA). The primary intent of SDFSCA is to support the district and community by promoting more safe and orderly, drug-free schools. Major emphasis is placed on the following programming:

- alcohol, tobacco, and other drug dependencies prevention and early intervention,
- violent and abusive behavior including suicide,
- reduced disruption of school environments,
- increase community-wide efforts including systemic approaches to programming,
- increased school and law enforcement cooperation,
- improved evaluation and accountability.

INPUT EVALUATION

1996-97 Budget, Sources Of Revenue, and Expenditures

Revenue to support the SUCCESS Program comes from the Iowa Department of Education (HF 535), private contributions, United Way, Iowa Department of Public Health, Polk County Youth First Consortium, Stewart B. McKinney Homeless Youth grant, Prairie Meadows, Medicaid Claiming Reimbursement, Drug Free Schools, and District Allowable Growth for Dropout Prevention. Budget, revenues, and expenditures are indicated in the figures below.

Budget and Expenditures According to Category (1996-97)

Figure 1

Category	Budget Amount	Expenditures
Salaries	\$1,097,086	1,069,462.29
Benefits	295,436	281,142.22
Purchased Services	62,248	46,741.65
Supplies and Materials	21,959	26,874.89
Equipment	31,297	9,372.11
Travel	10,242	9,917.99
Capital Outlay	12,193	11,999.25
Student Enrichment	14,801	6,240.50
Staff Training and Education	3,820	5,112.96
Youth Stipends	2,400	2,400.00
Other	9,320	14,551.98
TOTAL	\$1,560,802	\$1,483,815.84

Unspent funds were carried over to the 1997-98 program year.

Budget and Expenditures According to Funding Source (1996-97)

Figure 2

Source	Budget Amount	Expenditures
Iowa Department of Education	\$50,000	\$50,000.00
Des Moines Public Schools		
Instructional Support Levy	879,755	878,678.35
Iowa Department of Public Health	90,000	76,718.48
McKinney Homeless Youth Grant	20,000	20,000.00
Prairie Meadows Operation	5,000	5,000.00
Summertime		
Safe & Drug Free Schools and	97,790	103,448.50
Community Funds		
SUCCESS Medicaid Claiming	21,486	431.11
United Way	83,370	86,337.36
Youth First Consortium	59,021	59,021.00
Private Contributions	254,380	204,181.04
TOTAL	1,560,802	1,483,815.84

Note: Des Moines Schools will receive \$300,000 from Polk County (Prairie Meadows revenues) for 1997-98 to offset loss of revenues from other sources.

Private Contributions

The following are the companies, organizations, and individuals that provided private funds.

Allied Insurance
American Mutual
American Republic
Amoco
Anderson Erickson
Blue Cross/Blue Shield
Boatmen's Bank
Briggs Corporation
Burnett, Robert
Child & Family Policy Center
Communications Data Systems (CDS)
Coopers and Lybrand
Cownie, James
Delta Dental
Deloitte & Touche
Des Moines Register
Downtown Kiwanis
Employers Mutual

Equitable Insurance
Ernst and Young
Farm Bureau
Farmland
Firststar Bank
Greater Des Moines Foundation
Hawley Foundation
Holmes Murphy
Hubbell, James
Hy-Vee
Iowa Heart Association
Jacobs, Travis, Family of
John Deere
Kapsi Foundation
Kragie Newell
KVI
Don Lamberti
Life Care Service

McGladrey & Pullen
Merchants Bonding
Meredith Corporation
Mid-America Group
Mid-Iowa Health Foundation
Dave Miller
Norwest Bank
Norwest Financial
Peat Marwick
Pioneer Hi-bred
Principal Financial
Polk County Juvenile Justice
Restitution Program
Rotary Club
Taylor Ball
U.S. West
Weitz Corporation
Fred Weitz
West Bank

Cost of In-service/Staff Development Efforts

Twenty-eight staff attended 28 different in-service/staff development activities. The cost of in-service/staff development, including associated travel, lodging, meals, and registration costs, for 1996-97 was \$14,121.20, and a total of 44 days were used for in-service/staff development. Specific activities are described in detail in the Process Evaluation section.

Materials in Use and Being Examined

Textbooks:

S.T.E.P. (Systematic Training for Effective Parenting) for Parents of Teenagers has been used by staff who conduct parenting classes with parents of children of all ages.

All About Me, an activity booklet for children to enhance self esteem is used with elementary and pre-school children.

A First Call For Help directory is located in each program school to assist staff in identifying community resources to meet families' needs.

Mariposa - A Workbook for Discovery and Exploration, is used with the Hispanic female support group at the secondary level.

Images - A Workbook for Enhancing Self-Esteem and Promoting Career Preparation, Especially for Black Girls, is used for the African American female support group at the secondary level.

Visions - Career Guidance and Life Management For African American Men, is used with the group of young black males at the middle school level.

Options - Making Connections in Today's World, is the workbook used with the Caucasian male group at the secondary level.

A Parent's Guide to Changing Destructive Adolescent Behavior, includes an instructors manual and parent workbooks for classes offered for parents of middle school students exhibiting destructive behavior.

Technology Software and Hardware:

Staff at each program site have access to Macintosh computers that were purchased with program funds. The program has obtained seven lap top computers which increases the efficiency of program management by making it possible to record and organize information in various locations.

The Program Manager has used FileMaker Pro in order to develop a sophisticated database, called "2 E.A.S.Y.", to track participant demographics, services, and outcomes. Due to ease of operation and capabilities of this database and the FileMaker Pro software, all eighteen school-based programs throughout the state have adopted this for use in evaluating their programs. Through a grant received from the FINE Foundation, the Program Manager developed a manual for other districts to use in monitoring outcomes and service delivery in programs serving youth at risk. Fields from "2 E.A.S.Y." have been offered to the Comprehensive Information Management for Schools (CIMS) system in order to coordinate data collection. It is hoped that this will improve access to demographic information, attendance, and grades; eliminate duplication in data entry; and increase accuracy.

In addition, beginning in the Fall of 1994, case managers began to use computers to input demographic, service, and outcome data. All staff received training on FileMaker Pro and "2 E.A.S.Y." This has made it possible to reduce paper work and has resulted in improved consistency in and accuracy of program data.

To facilitate staff communication with families about generational issues, software called MacGenogram was purchased. As staff are trained in all thirteen buildings, the software will allow staff to create a pictorial representation of generational issues that is similar to a family tree in its design.

Community Resources Being Employed

The SUCCESS Program includes United Way as a partner in developing a collaborative effort to offer services to children, youth, and their families in non-traditional ways. Through the partnership with United Way, human service agencies have been willing to re-position staff part-time in Family Resource Centers. Agencies who have re-positioned staff in program schools are listed on page 33.

In addition to having immediate access to agency staff re-positioned in program schools, SUCCESS Program staff have made referrals to many community resources and have met with them to identify how best to access services. Approximately 100 different agencies/programs have collaborated with the SUCCESS Program in one or more of these ways over seven years.

Collaborative Proposals

In addition to the regular services offered through the SUCCESS Program, eleven additional collaborations provide unique services to children, youth, and their families:

Tutoring Services at Youth Emergency and Shelter Services - The SUCCESS Program received state funding to employ a tutor who served 102 youth residents of Youth Emergency and Shelter Services who attended Des Moines Public Schools. The tutor also coordinated educational services between the identified students' schools and the shelter. Where appropriate, referrals were made to SUCCESS Program case managers as students left the shelter.

Educational Liaison at Iowa Homeless Youth Center - Through the same grant described above, the SUCCESS Program provided funding to employ a liaison at Iowa Homeless Youth Center who assisted 88 homeless, out-of-school youth to re-enroll in educational programs.

Polk County Family Enrichment Center (Moms on the Move) - Polk County provided funds for a case manager who was assigned to work with the children of their clients receiving services through the Moms on the Move Program. Because the goal of this program is to move welfare recipients towards self-sufficiency, the

emphasis has been on the adults and few services had been coordinated for their children. The SUCCESS Program Manager consulted with Polk County staff in developing a job description for the case manager, provided information about case management strategies and data tracking, and facilitated the orientation of Des Moines Public School staff to services available from the case manager for program participants.

Employee and Family Resources, North High EmPOWERment Project - A grant from the State Department of Health, Division of Substance Abuse, made it possible to provide comprehensive school-based substance abuse prevention services for 203 students at North High School. A full-time specialist was employed to teach two sections of classes, facilitate support groups, and provide more intensive services to selected students. Employee and Family Resources provides technical support and supervision to this project.

Des Moines Child and Adolescent Guidance Center - Four mental health clinicians, employed by Des Moines Child and Adolescent Guidance Center, provided mental health services to 100 children and their families at four of the SUCCESS elementary buildings.

Youth First Consortium - The Polk County Youth First Consortium received funding from the Iowa Juvenile Crime Prevention Community Grant to address the rising incidence of juvenile delinquency. Polk County administers these funds and convened 45 agencies into ten work groups during the 1996-97 school year. As the lead agency for the Family Domain, the SUCCESS Program used grant dollars to fund a portion of the case manager's salary at King Elementary School, an after-school program for children, and for parenting classes offered at four sites by staff of the PACE Program which served eighty-four children and adults.

Learning Connections - Funding from United Way - Prairie Meadows "Operation Summertime" made it possible for 24 high-risk middle school students to participate in the summer Learning Connections Program. For five weeks, these students were involved in career awareness and exploration; community service; public speaking; and hands-on, integrated, context-specific learning activities. Two staff from SUCCESS, two staff from the Enterprise Community Mentor project, one AmeriCorps student, and one college student, served as teacher/mentors for the middle school students and were responsible for developing and implementing program activities. Goals of the program were to assist the middle school students in making a successful transition to high school and to provide meaningful employment for college students interested in human service careers.

Learning Connections II - Funding from Iowa Department of Public Health provided structured team-building, leadership, tutoring, personal skill development, and service learning activities to 180 ninth grade students and parenting education and support to seven parents of middle school students. The goal of the project was to help eighth grade students successfully transition to high school and therefore reduce the ninth grade drop-out rate. Of the 180 students participating in the program, 172, ninety-five percent, remained in school.

Learning Connections, Culture-Specific Component - Funding from the Iowa Department of Education provided after-school support groups for 24 students at the secondary level. Culturally specific groups included African-American males, African-American females, and Hispanic females. The goal of the project is to support and enhance those assets in minority youth that will lead to their success in school and as contributing adult members of the community.

Hispanic Educational Resources and Tiny Tot Family Day Care Center - United Way of Central Iowa provides funds for a case manager at each of these community-based non-profit agencies and SUCCESS provides technical assistance, training, and support in the case management model and the "2 E.A.S.Y." data base to those staff.

Oakridge Neighborhood and SUCCESS collaborated on a grant from the U.S. Department of Health and Human Services Administration For Children and Families to provide intensive case management and human and educational services to residents of Oakridge Neighborhood. The district was one of five sites funded for these grants to provide a family support center. The outreach strategies, staffing patterns, and measurable outcomes were designed in a comparable way to those of the SUCCESS Program. When the federal government eliminated funding for the project, SUCCESS transitioned the program to Oakridge Neighborhood.

PROCESS EVALUATION

Work Flow

Basic Function of SUCCESS Staff

The basic function of SUCCESS staff is:

- to provide counseling and other related support services such as assessment, case planning, and monitoring and brokering of community services to program participants; and
- to ensure that participants receive services that are easily accessible, responsive to their needs as they change over time, provided in a timely and efficient manner, and coordinated among providers.

Eligibility For Services

The SUCCESS Program is designed to serve those students enrolled in the regular school program who do not have additional support available to them through other district offerings such as Special Education and School Within a School (SWS), and to pre-schoolers on a prenatal through age six basis. Exceptions to this criterion are made only when students have been screened and referred by their program staff and it is determined that unique services, not otherwise available to them through their assigned educational program, can be offered to them through the SUCCESS Program.

Any child or youth, in or out of school, or of pre-school age who is not mastering basic skills and/or who seems to be living under conditions which place her/him at risk may be self-referred to the center or referred by a school staff member, friend, parent, or community agency staff person.

All referrals from teachers, administrators, and support staff are reviewed by building support teams or staff designated by the principal. Any student who is referred through the building support team, an outside agency, or who self-refers is eligible for program services. All Special Education students are first referred to the Special Education Team, unless an emergency exists and these team members are not available. In an emergency situation, SUCCESS staff may provide initial services and would then immediately refer the student to the appropriate Special Education staff. Special Education and SWS students are eligible for services, but must be screened by their program support personnel before services are provided in order to avoid duplication of services.

Services provided by staff from community agencies who have part of their time re-positioned in the Family Resource Center are available to all students and their families. The Center Coordinator or case managers schedule appointments with these staff.

Services Available

All services are provided on a full-time, year-round basis and are scheduled on a flexible schedule to accommodate family needs.

Assessment

All students who are referred for services meet with a program staff person who completes a preliminary assessment of presenting issues, individual and family strengths, past history, previous interventions used in the school setting, and previous involvement with other agencies outside of the school. Contact with the youth's parent/guardian is made at this time and a release of information/consent for services is obtained.

When indicated, a more formal assessment is conducted by re-positioned staff from the Employee and Family Resources Student Assistance Program. Situations that may require a more formal assessment include:

- Substance use/abuse
- No previous formal assessment combined with significant issues that are interfering with social, emotional, or school behaviors
- Multiple issues that would require the coordination of a variety of services

If needs are short-term, staff may refer youth for specific services provided by re-positioned staff or others in the community. If more intensive services are needed, the youth is referred to a program case manager and a case management plan is developed.

In four of the seven SUCCESS Elementary Family Resource Centers, a mental health clinician employed through the Des Moines Child & Adolescent Guidance Center is available to assess children and families for mental health needs and provide treatment at school or in the home.

Follow-up

For students and their families who have previously completed some form of formal assessment, intervention, or therapy, program staff review this history and encourage the family to follow through on any recommendations resulting from those services.

Referral To Community Resources

Following the preliminary assessment done by SUCCESS staff and/or the more comprehensive assessment completed by staff from Employee and Family Resources, the program staff reviews the resources available to the family (financial, insurance, previous service providers, other service providers in the community) to make an appropriate referral which matches the needs of the client with the resources available. Program staff then meet with the family to discuss options and appropriate resources available in the community.

If services are available on-site, program staff schedule appointments for the student/family. If a referral is made for services to be received outside of the Family Resource Center, SUCCESS staff assist the family with scheduling, intake procedures, identifying methods of payment for services, transportation, and providing emotional support during initial and subsequent meetings if necessary.

School-based Services

Staff from a variety of human service agencies are located in the Family Resource Center to provide services on-site. Appropriate releases are obtained before services are scheduled. Agencies who have provided staff on a part-time basis to meet with students in school are listed on pages 33.

Case Management

For those families who have multiple issues, have received services from many agencies in the past, and may need current assistance in accessing community services, a case manager is assigned. The case management model provides for caring, committed human service professionals with a social work or comparable background to assist families to strengthen their natural resiliencies and to address and reduce the factors which place youth and their families at risk. The case manager assists the family in identifying and prioritizing their needs, setting goals, developing a plan for reaching their goals, accessing appropriate community resources, monitoring progress, and revising strategies where indicated. For those families who are reluctant to accept services from agencies outside the school, the case manager develops and implements interventions to meet individual student/family needs. This includes the case manager actively confronting the family regarding those issues which hinder their progress towards their goals and continuing to motivate the family to seek help from appropriate resources in the community. Case managers have their offices at each program school so children, youth, and their families have direct, easy access to their services and services are available in a coordinated, timely, pro-active fashion. The case management system emphasizes personalism, accountability, and coordination. Each case manager serves no more than 20 families at any one time.

Group Activities

Staff offer educational and recreational activities to children, youth, and their families on an as-needed basis. Some examples of these activities are: parent group meetings; recreational trips to the park, local amusement park, zoo, and swimming pools; restaurant outings; attendance at cultural and sports events; and youth oriented conferences and workshops.

Current Year Goals/Objectives

SUCCESS Program objectives are in alignment with district and building mission statements and objectives. All program objectives are reviewed, monitored, and evaluated each year. District objectives for the 1996-97 school year which are reflected in SUCCESS Program objectives include: 1) The district will provide a safe and orderly environment for students, staff, and parents as documented by 80 percent of responses to items on the Safe and Orderly Environment section of the School Climate Survey being "positive." 2) By the end of the 1999-2000 school year, the district withdrawal (dropout) rate for grades 6-12 will not exceed 2.5 percent.. 3) By the year 2005, the district's plan for technology will be implemented to provide a system of support for teaching and learning and management services. 4) By the end of the 1998-1999 school year, all schools in the district will have an average daily attendance of 94 percent or greater. 5) The district will work with the community to provide access to pre-school programs for all four-year olds who are eligible for Head Start, by the fall of 1999. The objectives of the Way To Grow component reflect the First National Education Goal that all children arrive at school ready to learn.

In relation to the district objective to improve services to "at risk" students through improved management services, the Supervisor of the New Horizons Program serves as chairperson of the Youth At Risk Coalition. This coalition has been discussed in more detail on page 6 of this report. A progress report of the Coalition is available upon request.

SUCCESS Program objectives are differentiated as administrative process, student performance, staff process, or student process objectives. Administrative process objectives relate to the coordination of funding and to the definition of roles, objectives, and specific duties of all program personnel. Staff process objectives reflect such activities as the assessment of student eligibility, managing a case load of students, and obtaining necessary parental permission for services. The program objectives and the results of the evaluation of data related to each objective are contained in the section of this report entitled, "Product Evaluation," beginning on page 18.

Responsibility Statement of Supervisor

The responsibility of the Supervisor of the New Horizons Program is to provide leadership which will maintain the integrity of the program's mission and provide management in order for the program to operate in an effective and efficient manner. The Supervisor of the New Horizons Program reports to the Executive Director of Middle and High School Programs and directly supervises the SUCCESS Program coordinators.

Job Descriptions of SUCCESS Program Staff

Primary duties of SUCCESS Program staff are described in job descriptions which are available in the New Horizons/SUCCESS office, Room 450, Des Moines Public Schools, 1800 Grand Avenue, Des Moines, Iowa, 50309-3399.

In-service/Staff Development Efforts

The need to address particular topics as in-service or staff development activities is communicated on a regular basis to the Program Manager and the Program Coordinators. This communication happens formally at regularly scheduled staff meetings as well as informally through one-on-one conversations with staff. In-service/staff development activities for the SUCCESS Program occur in three major categories: twice monthly staff meetings, joint meetings with community agency staff and on-going professional meetings and conferences. Needs addressed by the activities, staff involved, and the benefits realized are presented in the chart that follows.

NEED

1. To have regular communication about program direction and activities

ACTIVITY

Staff meetings

STAFF INVOLVED

All professional program staff

BENEFITS

Staff are clear about their roles as center coordinators and case managers and are able to operate in a coordinated manner that is consistent with program philosophy, goals, and objectives

2. To be well informed about the services offered by community resources and how to best access those resources

Staff meetings
Joint meetings with program staff and community agencies

All professional program staff

Staff have up-to-date information about new programs, changes in existing programs, and staff to contact in order to expedite access to service

3. To integrate school-based youth services within the school

Collaboration meetings

All principals, district personnel and agency collaborators

Maintain communication about program implementation issues

4. To plan and share effective strategies for empowering families to achieve their goals

a. Staff meetings

All professional program staff

Families benefit from the application of effective strategies that have proven successful

Staff develop innovative strategies that have not been tried before

b. Professional meetings and conferences

Staff who indicate an interest in particular meetings and conferences; all staff have the opportunity to attend a variety of meetings and conferences

5. To regularly review the progress of families towards their individual goals

Bi-annual reviews conducted by Program Coordinators and Program Manager

All professional program staff

Families and staff maintain focus on goals and can make modifications as necessary.

NEED	ACTIVITY	STAFF INVOLVED	BENEFITS
6. To develop a pre-service, coordinated, integrated family development training program in collaboration with other service providers offering case management	Initial discussions with other service providers resulted in a Family Centered Practice Symposium attended by over 250 people in February, 1997	Program manager, program coordinators, staff development quality team, and all professional staff	Shared resources, mutually shared conceptual framework among providers, better trained staff to meet family needs
7. To strengthen the ability of staff to address the needs of expectant parents in the Way To Grow component	Participation in the Healthy Babies/Healthy Mothers training provided by the American Red Cross	Program coordinator and seven professional staff serving families on a prenatal through age six basis	Families receive pertinent information in clear, concise, easy to understand fashion
8. To increase involvement of case managers in program development and decision-making	Establish three quality teams: Staff Development, Program Development, and Budget & Evaluation	All professional program staff	Program services will be improved with input from case managers and case managers will have more investment in program development

As part of ongoing in-service/staff development activities, the following topics were addressed at staff meetings, collaboration meetings, and professional meetings and conferences:

Staff Meetings

Monthly:

- Suzanne Stewart, Child Protective Treatment Supervisor, Department of Human Services
- Quality Teams: Budget/Evaluation, Program Development, Staff Development

Other topics:

- Presentation by Gladys Alvarez, Des Moines Multi-Disciplinary Consultation Team
- Update by Debbie Choda, YMCA/Child Care and Welfare Reform
- Presentation by Gary Hobbs, New Beginnings Treatment Center
- Linda Overdyk, presenter from Children & Families of Iowa, Family Crisis Unit
- Linda Nelson and Natalie Anderson presented information about the Iowa Coalition for Housing and Homeless
- Denise Lange shared information on the ART program (Aggression Reduction Training)
- Tour and presentation at Youth Emergency Shelter and Services
- Dawn Francis presented information about Learnfare
- Iowa Health Systems Dual Diagnosis Unit/Changes and Trends, Dave Capton & Frank Shellenberger
- Tour and presentation at Victim Services

- Mardelle Dallager presented information and updates on Medicaid Administrative Claiming
- Presentation by Alice Guarine of Employee and Family Resources re: CSAP grant and available trainings
- Georgia Travis & John Porter - Jacob's Ladder Behavior Management Program
- Kim Petersen & Gayle Murray presented information on the Domestic Violence Workshop

In June, 1997, staff spent a day discussing a variety of topics related to program development and goals for 1996-97. In addition to a review of significant program developments month by month, staff addressed:

- program strengths and weaknesses,
- problems encountered and how they were resolved,
- new strategies implemented and the reasons for their success or failure,
- suggestions to state agencies that would improve outcomes for children and families. Public Health, Job and Employment Services, Mental Health and other Human Services, Economic Development, Family and Children Services, Human Rights, and Education were considered.

A summation of these discussions is included in the School-Based Youth Services Year-End Report submitted to the Iowa Department of Education and is available upon request from the SUCCESS Program, 1800 Grand, Des Moines, Iowa, 50309.

Agency Collaboration Meetings

The Way To Grow component began in the fall of 1993 as a community collaborative between the SUCCESS Program, the Des Moines Public Schools, United Way, Lutheran Social Service, Des Moines Child & Adolescent Guidance Center and Drake University Head Start. Collaboration meetings were held with representatives of all the collaborators. Two meetings were held in 1996-97: November 15, 1996, and June 10, 1997.

Professional Meetings and Conferences

SUCCESS Program staff attended the following professional meetings and conferences:

Introduction to Cultural Diversity
 Iowa Consortium for Adolescent Pregnancy Prevention 1997 Spring Conference - Bad Luck or Bad Choices
 Partnering with Families - Family Centered Practices Symposium
 "Are we doing what we believe?" Post-Symposium Workshop
 "Masks & Mirrors" Workshop
 Therapeutic Story Telling - Art Therapy of Children
 Risky Business Conference
 The Hispanic and Sudanese Culture, Alcohol Tobacco and other Drugs training
 Coalition for family & Children Services
 Seminar on Diversity with Dr. R. Roosevelt
 Annual Therapy conference: Play is the Way
 Fall Legislative Workshop
 Welfare Reform Coalition of Iowa Conference
 Parents As Teachers Training
 Non-Violent Crisis Intervention Workshop
 Iowa Early Childhood Care/Education Congress
 Children's Defense Fund Conference
 Mental Health Conference
 Breaking Barriers Workshop
 Drake "At Risk" Conference
 Aggression Reduction Training Workshop

Iowa Substance Abuse Prevention Director's Association Workshop
Summer School For Helping Professionals:
Grant Writing / Program Development
Multicultural Counseling
Basic Counseling
Family Counseling
Humor, Health & Healing

In addition to the activities described above, SUCCESS Program staff participate on a variety of committees which address identification of unmet needs and the coordinated development of programming to meet those needs. These committees include:

Collaboration for Self-Sufficiency	Heartland AEA Guidance Advisory Committee
Children's Policy Coalition	Infant Mortality Prevention Providers Group
Children's Action Alliance	Infant Mortality Review Panel
Center for Substance Abuse Prevention	Iowa Child Care Coalition
District Mentoring Committee	Iowa Coalition for Adolescent Pregnancy Prevention
Domestic Abuse Coordinating Council	Iowa Forum for Children and Families
Each One Reach One	Parent Skill Development Project
Family Centered Resource Development Network	Polk County Decategorization Advisory Committee
Head Start Health Advisory Committee	School-Based Wrap Around Planning Committee
Healthy Families Advisory Committee	Youth At Risk Coalition
Healthy Polk 2000	Youth First Consortium

Influence of Technology

The SUCCESS Program has an extensive management system for monitoring program activities and outcomes. Student data on services and outcomes are computerized to manage the information effectively and all the data to document objective attainment are submitted to the SUCCESS Program Manager and maintained on file.

Management Systems for Monitoring

A documentation schedule has been established for the submission of data that relates to program objectives and other requirements. This schedule is available upon request from the Program Manager.

In addition, the case plans developed by families are reviewed formally by the case manager with family members at least twice annually—once in December and again in June. Case managers then complete a Case Management Summary which details issues being addressed, individual strengths, other resources accessed, and progress towards specific goals. These summaries are individually reviewed by the Program Manager and Program Coordinator in January and July. Based on the summary, the case manager assists the family in identifying new goals or making modifications to the existing plan.

As a result of requests from building principals, an evaluation instrument for measuring the performance of case managers was developed. This form is consistent with other professional evaluation instruments used in the district and is based on the case manager job description.

PRODUCT EVALUATION

Contributions to Accomplishment of the District Mission

The Des Moines Independent Community School District will provide a quality educational program to a diverse community of students where all are expected to learn.

Many families in the Des Moines community live in conditions that make it difficult for them to nurture their children and adequately prepare them for success in the classroom. A variety of factors such as poverty, mental/physical/sexual abuse, homelessness, and substance abuse contribute to the children's failure to thrive in their families and succeed in their school programs. When children's basic needs for food, shelter, clothing, and safety are not being met, they cannot be expected to learn regardless of the quality of the educational program. Lack of essential social, emotional, physical and mental development in the first five years place many children at risk of falling behind long before they arrive at school.

The SUCCESS Program directly contributes to the accomplishment of the district mission by serving a diverse population of students, strengthening those qualities in the family that enhance learning (social supports, resourcefulness, willingness to use other resources, desire to help children, flexibility, adaptability, strong survival instincts, willingness to accept help) and by reducing factors within the family that interfere with learning (violence in the home; substance abuse; mental, physical, sexual abuse; homelessness; unemployment; lack of parental involvement in child(ren)'s education; health issues). Evidence of the effectiveness of the SUCCESS Program in supporting the district's mission is cited on pages 22 - 31 in the descriptions of how program objectives were met and in some cases exceeded. Outcomes are achieved by providing intensive case management services with selected families to assist them in the following:

- focusing on those issues within the family which have a negative impact on the children's success in the classroom or readiness to succeed in the classroom,
- prioritizing those issues,
- developing goals and plans for reaching their goals,
- facilitating access to community services,
- reviewing and celebrating progress,
- modifying strategies as families needs change.

In relation to serving a diverse population of students, SUCCESS Program services are designed to meet the needs of those children and youth whose aspirations and achievements may be negatively affected by stereotypes linked to race, national origin, language background, gender, income, family status, parental status, and disability.

In 1996-97, the SUCCESS Program served males, females, minorities, and individuals of lower socioeconomic status, in these percentages:

CHARACTERISTIC	# OF PARTICIPANTS	% OF PARTICIPANTS	% IN DISTRICT
GENDER			
Female	1,007	61%	49%
Male	657	39%	51%
RACE			
Total Minority	653	39%	25%
African-American	383	23%	14%
Asian-American	27	2%	5%
Latino	132	8%	5%
Native American	20	1%	1%
Bi-racial	79	5%	
Other	12	Less than 1%	
Caucasian	1,011	61%	75%
LOWER SOCIOECONOMIC STATUS*	1,238	74%	41%

* As defined by qualification for free and reduced priced-lunch.

Program Strengths

The program's most prominent strengths are in the areas of ability to: 1) provide intensive services to families, 2) improve utilization of community resources through collaboration, 3) identify unmet needs, and 4) communicate program outcomes to funders and other interested parties.

- 1) The ability to provide intensive services to families means that
 - assessed needs are met,
 - services are provided that are responsive to the needs of families as they change over time,
 - customers (children, youth, and their families) are satisfied and,
 - outcomes improve for children, youth, and their families.

EVIDENCE:

For the past seven years, over 80 percent of families receiving case management services made progress towards achieving the goals that they developed in their individual case plans.

- 2) Improving utilization of community resources through collaboration results in
 - services that are easier for families to access and
 - efficient and timely linkages to human/social services providers.

EVIDENCE:

More than 18 agencies have re-positioned staff in Family Resource Centers.

For seven years, the connection rate for referrals to community agencies has exceeded 70 percent. Connection rate is determined by those individuals making a connection with the service for which they were referred.

- 3) Identification of unmet needs results in:
 - planning which makes the most economic and effective use of limited resources,
 - reduction in gaps in service delivery,
 - resource allocation to areas of highest unmet need.

EVIDENCE:

Mental health clinicians have been included as a key staff in the SUCCESS Program.

Visiting Nurse Services added staff to work exclusively with pregnant teens through the Connections Program.

Transportation needs are better met as a result of United Way's assistance in obtaining a Variety Club Sunshine Coach for the SUCCESS Program.

A full-time staff person is available at North High School to coordinate substance abuse prevention services.

- 4) The ability to communicate program outcomes to funders and other interested parties has made it possible to:
- attract funding from sources outside of the district including private, state, and federal dollars,
 - expand the program within the district,
 - share the model and serve as a resource to other communities interested in implementing similar services.

EVIDENCE:

The Des Moines Community Foundation through a lead volunteer, Fred Weitz, made the commitment and succeeded in raising \$1,000,000 over three years, from 1993 - 1996.

During the 1993-94 school year, a continuum of services was implemented to include prenatal to six year-old children and their parents through the Way to Grow component of the SUCCESS Program.

United Way of Central Iowa provides funding through the Way To Grow Collaboration for two case managers and four mental health clinicians. Targeted fund dollars will be expanded in 1997-98 to include translation services for families with language barriers who receive case management services. The SUCCESS Program was awarded these targeted funds as a result of high scores on eight criteria which describe meeting community need.

The Polk County Board of Supervisors will be allocating \$300,000 in 1997-98 from Prairie Meadows profits to support the SUCCESS Program.

Polk County Decategorization provided funding for three elementary case managers during the 1994-95 program year.

Additional proposals have been funded since 1993 by the state for projects serving homeless youth and since 1993 for youth impacted by their own or family members substance abuse.

The program has expanded from the original three sites to thirteen sites from 1990 to 1997-98.

Positive outcomes generated by the original four school-based programs in the state influenced legislators to fund fourteen new sites for 1994-95.

The SUCCESS Program is featured in a video produced by Iowa State University in cooperation with the Iowa Department of Education and the Iowa State Education Association. The video, "Collaborating for Kids", depicts school-based youth services programming in several communities in Iowa. The video will be used to communicate outcomes of the program and can be viewed by contacting the New Horizons/SUCCESS Office, Room 450, Des Moines Public Schools, 1800 Grand Avenue, Des Moines, Iowa 50309-3399.

SUCCESS Program staff have received training to participate in Medicaid Reimbursement Outreach Claiming. By documenting case management activities which connect families to Medicaid services, the program has received reimbursable dollars which are allocated for health services support for children in accordance with state and federal guidelines.

Program Weaknesses

The program needs to continue to improve in three major areas:

1) Greater utilization of community resources within the schools

Although several agencies have re-positioned staff in program schools, the need for certain services continues to exceed the availability of professional staff or volunteers. This is especially true for mental health services, substance abuse services, tutors/mentors, and employment.

As the services of mental health clinicians are made available through the SUCCESS elementary component, mental health needs are better met at the elementary level. In time, this should decrease the need for such services at the secondary level. However, mental health services continue to be a priority unmet need at the secondary level.

With the closings of many programs that offered substance abuse treatment, the options for youth needing assistance in this area have become seriously limited. It is frustrating for building teams to identify youth who need assistance with substance abuse issues and then have no source of support in the community. Although staff from Employee and Family Resources can assess chemical dependency needs, there are inadequate resources to follow up with recommendations. Although the SUCCESS Program was better able to provide support during the four program years from 1993 - 1997 through continuation of a grant for a full-time prevention specialist at North, this will not improve access to treatment. Barriers include limited dollars available from third-party payers, and the lack of appropriate and effective treatment services for adolescents.

Access to determining eligibility and enrolling in programs that provide financial assistance to poverty-stricken families would remove the barriers that some families face in receiving that assistance. Families are facing increased pressure to meet goals in relation to welfare reform. As a result, they may experience barriers to meeting basic needs. Re-positioned staff from agencies that provide county, state, and federal assistance to low-income families would be helpful in the Family Resource Centers in the schools.

Because of budget cuts and re-structuring at the Department of Employment Services, the staff person who was assigned to the North High School Family Resource Center was no longer able to continue to deliver employment services to students. This resulted in a significant loss of access to employment information. Accessible resources for students and parents to pre-employment and employment services are scarce.

2) Full utilization of technology

As the program has expanded, so has the need for technology that can accommodate the data that are collected and communications systems that facilitate the efficient transfer of information. Demographic, outcome, and service information is collected in one database. As schools have been added and increasing numbers of participants are served, the size of the database has grown to the point that processing and retrieving data is tedious if all records are kept in one file. With separate files for each school, data entry and retrieval are less efficient.

As described in the future planning section of this report, a hook-up to Comprehensive Information Management for Schools (CIMS) will improve access to demographic information, attendance, and grades; eliminate duplication in data entry; and increase accuracy. The installation of E-Mail will improve communication between buildings and with the New Horizons Office.

3) Identification of a simple measure of outcomes

Family needs are complex and those issues that have the greatest impact on success in school are often generational. Therefore, progress can be slow and unique to each individual family. The impact of interventions and support provided now may not be known for several years. Obvious measures such as attendance, grades, dropout rate, and re-enrollment rate do not reflect the changes that may be taking place in areas that families have identified as priority.

A number of different strategies have been employed to evaluate program effectiveness which are reported later in this section. While these measures capture general trends for the program and participants, they do not reflect the significant individual progress that is an important part of the intensive case management strategy. Case histories better reflect individual progress, but it is difficult to quantify the human dimension of the program.

Program Recognition

The 1996-97 Award for Excellence in Community Collaboration for Children and Youth-- New Horizons/SUCCESS Program was one of six national winners in recognition of exemplary local collaborations.

Community Involvement in Education Award--The SUCCESS Program received this award for strengthening the school and community by providing coordination of human services and community resources to meet the needs of children, youth, and their families.

FINE Award--The SUCCESS Program received recognition as a FINE Program in the Spring of 1992. Governor Branstad visited North, Moulton and Harding schools as part of this award.

FINE Foundation Grant--The Department of Education received this grant which made it possible for the SUCCESS Program Manager to develop a manual which would assist other communities in implementing the database developed for school-based programs.

National Association of School Boards--Representatives from the school board, United Way and the SUCCESS Program presented on the topic of community collaboration at the National Association of School Boards in the Spring of 1992.

New Horizons was one of five programs nationally to receive a grant from the U.S. Department of Health and Human Services to replicate the SUCCESS case management model at the Homes of Oakridge public housing project.

The SUCCESS Program was presented an exemplary award by the National Center for Substance Abuse Prevention for its Substance Abuse Services program offered at North High School in collaboration with the National Council on Alcoholism.

North Central Region Educational Laboratory (NCREL)--The SUCCESS Program was selected by the NCREL to be studied as a national model for successful collaborative early intervention programming.

In addition to the recognition cited above, the SUCCESS Program has been visited by both state senators and receives numerous requests within the state and nationally for information about developing school-based services, early childhood intervention programs and case management strategies. Students from an Iowa State University class in Early Childhood Development regularly visit as part of a field trip to study services available to families.

Outcomes From Student Performance Objectives

Detailed information about SUCCESS program objectives related to student and family performance are provided below.

1. At the conclusion of the program year, 70 percent of youth who received case management services will demonstrate progress towards their individually identified goals. These goals will be developed in the areas of counseling, health care, housing, employment, basic needs, parenting, finance, diet, drug use, abuse, adult and child education, transportation, child care, illegal activity, and other factors that interfere with their achievement at school.

DOCUMENTATION: Case Management Plan Summaries submitted annually to the Program Manager

As families are identified for case management services, their case manager counsels with them to identify and prioritize their needs. As families discuss their needs with the case manager, a case management plan is developed in which they set long-term goals and short-term objectives with specific action steps. The case management plan is developed within three months of the onset of program services and is formally reviewed at the end of each semester. Revisions are made as indicated following these reviews. A summary of progress made on goals identified in the case management plan is presented in Table 1. Progress was defined as accomplishing any objective that was part of any one of their identified goals. The objective was met and exceeded at the 97 percent level and all supporting data are on file.

Table 1
Progress with Goals Identified in Case Management Plans in 1996-97

	# Receiving Services for At Least 3 Months	# Making Progress Towards Identified Goals	% Making Progress Towards Identified Goals
Prenatal to age six	159	154	97%
Elementary SUCCESS	157	154	98%
Middle School	78	73	94%
High School	94	92	98%
Alternative High School	44	43	98%
TOTAL	532	516	97%

Data were also collected on the areas in which specific goals were established. Table 2 reviews progress towards individual goals, for all schools, divided into specific areas.

Table 2
Progress With Goals Identified in Case Management Plans in 1996-97

GOAL AREA	# OF GOALS IDENTIFIED	# OF GOALS WHERE INDIVIDUALS MADE PROGRESS	% MAKING PROGRESS TOWARDS GOALS
Counseling	209	189	90%
Housing	100	81	81%
Adult Education	73	49	67%
Child Education	638	535	84%
Illegal Act	12	12	100%
Health care	155	142	92%
Finance	60	42	70%
Diet	5	5	100%
Employment	136	120	88%
Basic Needs	233	212	91%
Drug Use	31	29	94%
Abuse	36	35	97%
Support Network	239	219	92%
Transportation	73	60	82%
Child care	33	29	88%
Parenting	175	156	89%
Other	16	15	94%
TOTAL	2,224	1,930	87%

Regarding the individual progress towards identified goals, it is important to note that 29 out of 33 pregnant and parent teens at North (87.9 percent) stayed in school. Of students receiving case management services, 21 percent improved their grade point average, while fully 87 percent maintained/improved their grade point average.

Twenty-five percent improved their attendance, while 60 percent maintained/improved their attendance.

Case managers often comment on the tentative progress that families make and frequent setbacks that they will experience. What may be noted as progress one day, can change dramatically the next as a new crisis presents itself and priorities change. It is helpful to review the impact of the program by examining more closely those factors that affect each family. Brief case studies follow for this purpose.

FAMILY WITH PRE-SCHOOL AND ELEMENTARY AGE CHILDREN

A single mother with three children, ages 5, 4 and 20 months moved to Des Moines from another large Midwestern city with no resources and only 4 bags of clothing. A friend referred her to the Way to Grow component of the SUCCESS program. Because the mother was in need of an income the family development specialist helped her connect with the Family Investment Program (FIP) and food stamps. The mother was adamant that she did not want to stay on welfare but would use services temporarily to help her reach self-sufficiency.

The mother set goals for herself to obtain housing, get her GED so she would be more employable, and also buy a car so she could be more independent. She planned with the Family Development Specialist and was able to achieve all her goals in one year.

FAMILY WITH ELEMENTARY SCHOOL AGE STUDENT

A family was referred to the SUCCESS Program because the oldest child had low academic standing and inappropriate behavior with peers in school. Numerous barriers were discovered while assessing the family situation; the mother was involved in a very physically violent domestic relationship, gang activity was prevalent within the family unit, and drug trafficking and drug usage were common. Not only has this young boy witnessed serious trauma within the family, he has also had to take care of his younger sister and as such, take on adult responsibilities.

Goals identified by the family to work on included; 1) Become self-sufficient and financially support themselves. 2) Coordinate services for the mother related to her battered women's syndrome, 3) Provide individual support to the older boy for appropriate role-modeling and exposure to positive rewards other than that which the gang can readily provide, 4) Connect boy to mentoring and tutoring services to improve his school performance.

With the assistance of the Family Violence Center, the mother identified self-esteem and safety as personal goals. Her determination to achieve her own goals and dreams led her to receive the Congressional Achievement Award for her reaching her goal of safety and self-sufficiency. Once reticent to become involved at school, she now volunteers at her children's school and works as a child care supervisor and also at a local department store. Both children have made dramatic improvements in reducing negative behaviors and improving their grades to honor roll status.

This family has worked hard over the last two and one half years to develop and utilize skills to positively express their feelings and emotions. The children continue to receive small group and individual therapy while the mother has completed her goals with the Family Violence Center and she continues to participate in the SUCCESS program for ongoing family support.

FAMILY WITH MIDDLE SCHOOL AGE STUDENT

A 12 year old male sixth grade student was referred by teachers who were concerned about problems he was having with his behavior, grades, attendance, poor physical appearance, and family situation. The student resides with his father, 17 year old brother and 10 year old brother. The family is involved with Child Protective Services and the children had been removed from the mothers' care due to alleged neglect and possible sexual abuse. The family was ordered by the court to participate with in-home family therapy.

The father has had a difficult life and has not responded well to service providers, but has been cooperative with the in-home therapist. The father does not work outside the home because the 17 year old is mentally retarded and requires constant supervision. In order to help his son become more successful in school, the father receives

services from the SUCCESS case manager, attends staffings at school, and holds his son responsible for his behaviors. The son is making improvements in his behavior and is experiencing fewer temper tantrums. Father and son are participating in recreational activities, setting goals for attendance, and treating other people with respect.

The family is no longer receiving services from any community agency and continues to participate in SUCCESS program services in order to help the student to continue to make improvements at school.

FAMILY WITH HIGH SCHOOL AGE STUDENT

A student, age 17, was referred to SUCCESS due to multiple family problems and anger management issues. The student comes from a broken home and has no contact with her parents or older brother. Her father sexually abused her and her mother was chemically dependent. The young woman ran away at age twelve and lived on the street at which time she also became involved with drug use.

The students' aunt agreed to care for her and set rigid limits to prevent a return to past behaviors. Adjustments have been difficult and there have been problems as the student wants to have more responsibility and return to some normal teen activities. Her aunt has not been willing to allow her niece to prove herself and this has contributed to the students' low self-esteem and poor attention to her health and physical care.

The student set some goals in relation to action steps over which she felt she had control and was able to maintain employment, keep perfect school attendance, and seek counseling to help her relationship with her aunt. The student plans to continue to improve her communication and social skills. She recognizes her difficulty with anger management and is willing to address this as well as the need for abuse counseling.

2. Throughout the program year, the case managers, center coordinators, Program Manager, and Program Coordinators will identify the natural strengths and resiliency factors of youth and families benefiting from case management services and incorporate these factors into their case management plans.

DOCUMENTATION: Copies of case management plans on file with the Program Manager

Students and their families assigned to case managers complete an assessment process which allows several opportunities for identification of their natural strengths and resiliency factors (social supports, resourcefulness, willingness to use other resources, desire to help children, flexibility, adaptability, strong survival instincts, willingness to accept help). These opportunities occur at the time of their initial intake and pre-assessment with the program staff, during other formal assessments conducted by staff from community agencies, and at the time they develop their case management plan with their case manager.

Case management plans were developed for all of the students or families receiving case management services. Progress with identified goals and objectives was reviewed formally at least twice during the year.

The objective was met. Case management plans, case management summaries, evaluations, and intakes are maintained in individual students files.

3. Throughout the program year, the case managers, center coordinators, program manager, and program coordinators will communicate and reinforce the identified natural strengths and resiliency factors of youth and families benefiting from case management services to these individuals so these strengths are maintained and increased.

DOCUMENTATION: Copies of case management plans on file with the Program Manager

As stated in the previous objective, case management plans were developed for each of the students or families assigned to a case manager and a summary of progress with identified goals and objectives was maintained for each student or family. As case management plans are developed with individual families, problem areas are identified, the goals and objectives are agreed upon, and the case manager communicates strengths and resiliency

factors that will assist them in achieving their goals. Case management plans are revised as family needs change and the strengths and resiliency factors (social supports, resourcefulness, willingness to use other resources, desire to help children, flexibility, adaptability, strong survival instincts, willingness to accept help) are communicated to families during individual or family counseling sessions, home visits, and school conferences.

The objective was met. Case Management Plans and Summaries are maintained in students' files.

4. Throughout the program year, the case managers, center coordinators, Program Manager, and Program Coordinator will identify parent and youth education seminars and activities which will strengthen the natural resiliency factors of youth and families.

DOCUMENTATION: Logs of seminars and activities offered on file with the Program Manager and Case Management Plans

Because SUCCESS Program staff need to develop positive relationships and a trusting environment where family members feel comfortable in voicing concerns and asking for and accepting assistance, staff focus primarily on establishing trust and developing positive one-on-one relationships before involving families in seminars and activities. Program experience has demonstrated that building positive, trusting relationships with individual family members takes considerable time. In some cases, it may take several months before a family member will answer the door to permit a case manager into their home for a visit. When more positive, trusting relationships are established, family members are more open to the suggestions offered by staff and to accepting help from other agencies.

Some of the other barriers that have been encountered in trying to increase student and parent participation in activities outside of school hours include:

- need for child care so that parents with young children can participate,
- lack of transportation,
- competing priorities,
- need for incentives to encourage participation,
- work hours for students immediately after school is out.

For a listing of the types of seminars and activities in which children, youth, and their parents participated, please refer to Objective 3 on page 33. The objective was met. Logs of Seminars and Activities are on file with the Program Manager.

Adherence to Standards, Policies, and Regulations

The state standard (12.5)[13] Provision for At-Risk Students) is on file in the program manager's office. The SUCCESS Program meets the standards and policies by providing intensive school and home-based case management services and coordination of human services and community resources to meet the needs of children youth, and families who are at high-risk, to assure that they thrive at home and achieve in their schools and communities. Priority to receive program services is given to children and families determined to be at highest risk according to the following factors; history of dropping out of school, child abuse, homelessness, language or cultural barriers, criminal activity, teen pregnancy, and substance abuse.

Survey Results

FOLLOW-UP SURVEY OF 1996 GRADUATES

5. Within nine months after youth who received center services have graduated, 75 percent or more of a 10 percent random sample of these youth shall respond positively to program services as evidenced by a positive cumulative score derived from their responses to a one-to-one structured interview which specifically asks youth to respond to their current employment status, and their perceived levels of productivity and contribution to the community.

DOCUMENTATION: Compilation of such data submitted annually to the Program Manager

A follow-up survey was administered by telephone in the fall of 1997. Attempts were made to contact 25 seniors who had received program services and graduated in 1996. Students were contacted by staff who had not directly provided services to them. A total of nine graduates (36 percent) responded to the survey and information was obtained from five parents regarding the status of five other graduates. This low rate of contact once again reflects the highly mobile nature of the families that are served by the SUCCESS Program.

The status of the fourteen graduates for whom follow-up information was obtained (either from the graduate directly or from their parent) is reflected below:

Employed*		8
Full-time	5	
Part-time	3	
Military Duty		0
College/University*		4
Homemaker**		2
Unemployed		0
Other***		1

*One student was working and attending school part-time and a second was working two part-time jobs.

**One student is married and home with a child. The other student lives with parents.

***This exchange student found it necessary to complete high school credits after returning to their country of origin.

Eight of the fourteen graduates, eighty-six percent, were working or in school. For those who were employed, the following occupations were cited:

Cashier
Clerical
Parcel Delivery
Food Service
Broadcasting

All nine graduates responding to the survey considered SUCCESS to be a good program and all nine, 100 percent, indicated that if they were to be in high school again, they would choose to be in the program. They reported that they liked the program because it helped a student stay in school while pregnant, to connect a student with legal services, and a student made up credits so they could graduate on time.

Five students felt that the program helped them to graduate and six of the nine, 67 percent, felt that the program helped to prepare them for future responsibilities. They reported that the SUCCESS Program helped prepare them for responsibilities after graduation by; "helped to know that others also had problems and people cared," "keep trying," "get prepared for parenthood and how to get assistance if needed," and "encouragement to stay in school."

Only one of the graduates reported that she was involved in any volunteer or community activities. Three reported that they were using community services—one for basic needs and health, one for counseling and health needs, and one for employment services.

Changes in the program that they felt would make it better included more diversity in group activities, parents should be involved, students should be aware of services, and more staff available.

This objective was achieved, and appropriate documentation is on file.

STUDENT AND PARENT SURVEYS

6. Near the end of the program year, 75 percent or more of a random sample of youth and parents receiving center services shall respond positively to the program as evidenced by a positive cumulative score derived from their responses to a one-to-one structured interview. The Iowa Department of Education will be responsible for developing the survey, establishing size of the random sample, and analyzing the data.

DOCUMENTATION: Compilation of such data submitted annually to the Program Manager

The surveys developed by the Iowa Department of Education to measure satisfaction with program services and perceived outcomes were used to obtain feedback from students and parents. Several improvements were made to the survey as a result of feedback obtained from SUCCESS staff. The instrument used this year was easier for students to understand and appears to be more sensitive to improvement in targeted areas such as achievement in school, attitude towards school, health, employment, and attitudes about self and family.

All surveys were submitted to the Iowa Department of Education for computer analysis. Results of the survey will be communicated when that information is available.

In addition to surveys, students and parents participated in focus groups for the purpose of obtaining feedback regarding their perceptions of the effectiveness of the program. Focus groups were facilitated by professionals recruited by the Iowa Department of Education evaluation consultant for school-based youth services programs. Results from the focus groups will be analyzed and reported by the evaluation consultant.

Summaries of Observations Made by Human Services Coordinating Board Peer Review of Way To Grow

In August, 1994, United Way of Central Iowa requested that the Human Services Coordinating Board (HSCB) conduct a "peer review" evaluation of the Way To Grow component of the Des Moines Public Schools. As a peer review, this evaluation would be carried out by individuals having extensive knowledge and direct experience in case management programs for families. To maximize objectivity of the review, the reviewers were from outside the Des Moines area. The HSCB, representing a major funder of the program, was asked to assemble the review team, design the review process and draft the final report for the team's approval.

The review of the Way To Grow component was conducted on October 19 and 20, 1994, and involved interviews with 25 individuals, including clients, program staff and referral agency staff.

The following represent the program strengths identified by the peer review team:

1. Highly professional, well-qualified staff
2. Positive, supportive relationships with families
3. The Way To Grow component and the schools enhance each others' effectiveness
4. The Program utilizes "cutting edge" principles of effective programming

The following represent areas for improvement identified by the peer review team:

1. Roles between Way To Grow component staff, other school staff and mental health staff need to be better defined (e.g. teachers can use the program as a substitute for their own intervention).

2. Mental health services are currently focused on children only; adults have mental health needs which may not receive attention elsewhere.
3. More training is needed up-front for Way To Grow and other school staff on the program, its philosophy and issues that families face, including procedures, roles, etc. One suggestion is to create a concise policy and procedure manual.
4. The idea of a school-based program has some disadvantages, including; lack of adequate space, need for school staff to understand new program model, and needs of school-age children tend to overshadow the prenatal-6 year-old children due to being a school-based program.
5. There is a need for collaboration for ancillary services at the school when possible (e.g. clothing, emergency financial assistance, substance abuse outreach, recreation).
6. Due to staff limitations, a lot of families are not getting the services they need.

The following represent recommendations made by the peer review team:

1. If Way To Grow and SUCCESS programs are blended, be careful not to lose sight of the prenatal-6 year-old population.
2. Develop strategies/methods for parents to have input into policies and services. Families are currently seen as recipients, rather than participants. Also, the terms "client" and "case manager" are distancing; we suggest using terms like "participant" and "family resource worker".
3. Make the Family Resource Center available to more families by offering activities other than case management mental health services (e.g. recreation, flexibility in hours for better access).
4. Make program literature reflect the philosophy of building on family strengths.

Summary of Findings Made by Child and Family Policy Center of Way To Grow

United Way of Central Iowa contracted with the Child and Family Policy Center to conduct a formal evaluation of the Way To Grow component. The report is based upon analysis of the neighborhoods served, ongoing discussions with project supervisors, one, half-day focus group with frontline workers, and in-depth interviews with each frontline worker to discuss their progress with each family they have served.

1. The Way to Grow component is identifying and providing support and help to the families who need and benefit from that support and help. Family risk factors (single parenting, poverty, welfare participation, head-of-household educational level less than high school completion) are greater among Way To Grow families than for families in the elementary school attendance area as a whole.
2. Many of the families being served are known to other service systems, but Way to Grow is not duplicating other services. Rather, it is providing case management support and developmental help that no other systems are providing for these families.
3. Many of the families Way to Grow serves have been referred by other programs, who have recognized these families need help but do not yet manifest problems severe enough to warrant their intervention.
4. Overall, Way to Grow serves only a small portion of the families in the school neighborhood who would benefit from the program's help. The program needs to expand substantially within these neighborhoods if it is to serve enough families to improve school readiness of kindergarten classes as a whole.
5. The level of involvement required of Way To Grow workers to effectively serve their families means that workers cannot be expected to serve more than fifteen families at a time.
6. Way To Grow has achieved great success at establishing connections and engaging families, and most families have exhibited significant family growth and progress, many across a variety of dimensions.

7. Most of the families Way To Grow serves have "survival needs" – housing, food, income – before other significant work can be done. The program has been helpful in securing "survival services," but failure to be able to do so can limit the program's effectiveness.

The steps these families have taken have been significant, yet they do not necessarily translate immediately into community outcome goals. This means that funders should be patient in assessing the impact of Way To Grow on these community concerns.

Overall, Way To Grow is a very well-structured program that provides much needed services and support. If it is to contribute to improving outcomes for children and families on a community level, however, it will have to be available on a much larger scale than it is today.

Iowa Department of Education Third-Party Review

On February 18, 1997, a panel of three reviewers appointed by the Department of Education conducted a third-party review of the SUCCESS Program. An overview of the program, a review of community partnerships, and a description of expenditure of grant dollars was included in the agenda. The following is a summary of the findings:

Strengths

- Continued exemplary programming for community, family, and student services as evidence by special national recognition
- The SUCCESS staff demonstrated enthusiasm, commitment, involvement, and innovation, and have taken advantage of training opportunities to enhance their skills and provide additional skilled services
- The case management system, the holistic approach with families and individuals, modifying services to meet family and individual needs, as well as the cooperative vision, are strengths
- Parent involvement in case management and various activities is evidenced by two parents verbalizing positive helping experiences with the SUCCESS Program
- Experiences for community supporters to visit programs and families has the potential to engage others in directly observing the assets and needs and provide extended program support with the community, families, students, and schools

Concerns

- Maintaining funding into the next century and providing school-based access to services is critical
- Staff development, collaboration time, and service coordination time for all service level providers, and opportunities for support service level staff to visit other programs need to continue to be a priority
- The positive outcomes produced by SUCCESS Program need to be marketed to promote the program
- The many collaborations with multiple agency providers has both strengths and weaknesses
- Mental health clinicians are currently in four schools and expansion of the clinicians in the program is encouraged
- Despite progress made in primary health care, prevention, referral to physicians, and referral for dental care, a comprehensive health plan has not been addressed within the school district

Recommendations

- Convene a SUCCESS Program Advisory Committee including decision makers within the community
- Develop a SUCCESS Program funding plan to support and expand current services
- Continue to develop and involve all staff and administrators in joint in-service activities focusing on the program mission, collaborations, goals, outcomes, and year-end reports
- Share annual evaluation information with agency administrators and the public
- Explore potential in the collaborative model to provide services, fold staff, re-position staff within collaborations, and expand the present partnership bridges
- Support and expand the mental health services and consider billing processes for mental health services and Title IX
- Join existing networks and work together to influence existing cultural issues for case managers dealing with cultural risk-factors
- Develop a comprehensive health plan to assist the SUCCESS Program in establishing school health services

Complete copies of these reports are available for review from Ron Sallade, Supervisor, New Horizons Program, 1800 Grand Avenue Room 450, Des Moines, Iowa, 50309.

Costs vs. Benefits

While it is not difficult to calculate the cost of providing services through the SUCCESS Program, it is difficult to measure the benefits and the costs of not providing services at all. Are benefits based on the product at the end of each year or are they based on the long-term goals of the program which include graduation, employment, and being healthy and drug-free? Those types of goals are long-range for the elementary and middle school youth who are served. When services are preventative, how do you measure what does not happen? How can one determine how many children might have gone to foster care, how many youth might have dropped out of school, or how many would eventually be incarcerated?

Expenditures for the SUCCESS Program during the 1996-97 school year were \$1,483,815. The estimated loss of personal income and state revenues over a lifetime for one dropout is \$300,000. If only four youth stayed in school and graduated that might have dropped out, the benefit of providing services has surpassed the entire cost of the project for one year. It can be projected that approximately one-half of the 33 pregnant and parenting teens at North during the 1996-97 school year would have dropped from school were it not for the extra support they received. In fact, because of this support, 29 completed the school year.

With 2,284 children, youth, and their families served, an expenditure total of \$1,483,815 equates to approximately \$649 per individual over the course of the year. In all, 41,758 individual contacts were provided to the 2,284 participants. This would equate to a cost of approximately \$35 per service. These costs can be viewed against the cost to society of a student dropping out of school which results in loss of personal income and state revenues, increased unemployment, increased risk of incarceration, and more expensive health care.

Preventive services for infants, children, youth and young families save tax dollars. According to the Children's Defense Fund, we can choose to spend:

- \$1 on child immunization OR \$10 in later medical costs,
- \$1 for preschool education OR \$4.75 for later special education, crime, welfare and other costs,
- \$1 for the Job Corps OR \$1.45 in lost earnings and later crime and welfare costs.

The source of the above information is the Children's Defense Fund, Children's Defense Budget - An Analysis of Our Nation's Investment in Children, Washington, D.C., 1988.

Based on this information, the SUCCESS program provides connections to essential community resources to help children and youth succeed early in life, thereby reducing community problems and costs to society. Early intervention with disadvantaged young children is the most humane and concurrently the most cost-effective way to address high-risk issues. Research reported in the *High Scope Research Quarterly* indicates that early programming for disadvantaged children is a highly effective way to improve their futures. For example, they are more likely to graduate from high school and be employed. In addition, they are less likely to commit crimes, be enrolled in special education classes, and receive welfare assistance if they receive assistance early in their lives.

Progress on Process Objectives

Administrative Process Objectives

1. Family Resource Centers will be operational at Edmunds, Findley, King, Longfellow, Lucas, McKinley, and Moulton Elementary, Harding and Hiatt Middle, East and North, Casady Alternative and Vincent C. Scavo High Schools during 1996-97.

DOCUMENTATION: A complete listing of program personnel, their roles, objectives and specific duties on file in the program office, the principal's office at each building operational site within which boundaries the personnel perform their duties, and the office of the New Horizons Supervisor

In the fall of 1994, the SUCCESS Program was offered for the first time at Edmunds, King, and Longfellow elementary schools; Hiatt Middle School, and East High School. The Way To Grow component, serving prenatal to six year-old children and their families, was expanded to include Edmunds, King, and Longfellow schools in the Spring of 1995. A total of eight case managers were added, two case managers at each elementary school and one case manager each at Hiatt and East.

Due to the rapid expansion of program services and staff, the position of Secondary Coordinator was created in 1995. This staff person provided staff support and service coordination for SUCCESS Programs operating in secondary buildings. Total program staff for most of 1996-97 consisted of one SUCCESS program manager, one Way To Grow/Elementary program coordinator, one secondary coordinator, 25 case managers, one prevention specialist, and two secretaries. Four mental health clinicians were employed by the Des Moines Child & Adolescent Guidance Center as part of the SUCCESS collaboration. In May, 1997, when the program manager resigned, the Way To Grow/Elementary Program Coordinator was selected to fill the position. To reduce costs, one program coordinator position and one secretarial position were eliminated.

Each of the thirteen building principals received an orientation to the program copies of job descriptions, program descriptions, and program objectives for SUCCESS personnel working in their building.

This objective was achieved. Documentation is on file and the necessary activities were conducted.

2. Throughout the program year, the Supervisor of the New Horizons Program will coordinate all funding activity for the program in conjunction with the various funding agencies, community agencies, the district, and any other involved groups.

DOCUMENTATION: A complete listing of all funding agencies and a record of the expenditures by funding agent and category of expense for the previous year on file with the New Horizons Supervisor

For a three-year period from 1993-1996, over \$1,000,000 was generated through concentrated efforts to raise awareness of the SUCCESS Program in the community and the development and submission of proposals to potential private contributors. A majority of the private sector contributions were part of a fund raising campaign sponsored by the Des Moines Community Foundation with leadership from Fred Weitz, a volunteer for the Foundation. Private contributors to the SUCCESS Program for 1996-97 are listed in the Input Evaluation section on page 7 of this document.

The objective was achieved and appropriate documentation is on file.

3. Throughout the program year, the Program Manager will consult with various community agencies to identify staff from these agencies who can be re-positioned in Family Resource Centers at program schools to provide services to families.

DOCUMENTATION: A complete listing of agencies with re-positioned staff on file in the Family Resource Centers

Because there are no financial agreements with community agencies who provide services to youth and their families in the Family Resource Centers, it was determined that, in most instances, formal agreements were unnecessary.

In addition to staff employed with program funds, staff were re-positioned in program schools with their wages supported by the community agencies employing them. Agencies providing staff to spend a part of their time serving children, youth, and their families in program buildings during the program year 1996-97 included:

AGENCY	BUILDING/S	ACTIVITIES
Big Brothers/Big Sisters	Harding, Hiatt	Life Choices Group, Self-Development Group, mentoring
Broadlawns Medical Center	All	Homeless Outreach Project
Children and Families of Iowa Counseling Family Violence Center PRYDE Program Tutoring	North All McKinley Harding Lucas	Personal skill-building groups Referral for crisis intervention Women's Support Group Support Group Tutoring
Creative Visions	Harding	Culturally Specific individual support
Des Moines Child and Adolescent Guidance Center	Findley, Lucas, Longfellow, McKinley, Moulton, Harding	Individual therapy
Des Moines Health Center	Moulton	Dental Screenings
Employee and Family Resources Student Assistance Program Project Uplift	North, East, Harding, Hiatt	Assessment, support group facilitation Case Management
Generations, Inc. Start, SAY	Edmunds, Longfellow, Lucas, Moulton, McKinley, Harding, Hiatt	Mentoring
Iowa Department of Employment Services - Workforce Development Center	Harding	Career Instruction
Iowa State University Extension Services	Harding, Hiatt McKinley North	Life Skills Development Summer Camp Challenge
Lutheran Social Service	North	Pregnancy Counseling
Polk County Victim Services	East, North, Scavo High	Support groups
Visiting Nurse Services	North, East, Casady, Scavo	Support services to pregnant and parenting teens
YMCA	Moulton, Findley, Lucas, McKinley, Longfellow	Tutoring, recreation
Young Women's Resource Center	East, North, Harding	Support group, individual counseling,

The objective was met.

4. At a minimum, job training and employment services, mental health and family counseling, and preventive/primary health care services will be available to center youth and their families.

DOCUMENTATION: Complete listing of Program personnel, their roles, objectives and specific duties and a listing of staff from community agencies re-positioned in Family Resource Centers as well as logs of services provided to Center youth, on file in the Program office

All of the services described above were made available to children, youth and their families at the thirteen program schools. The number of services provided by referrals to community agencies, on-site in program schools, and the total number of services children and youth and their families received in the areas of job training/employment services, mental health/family counseling, preventative/primary health care services and basic needs, are shown in Table 3.

Table 3
Services Received by SUCCESS Program Participants

SERVICE AREA	NUMBER OF SERVICES REFERRED TO AGENCIES	NUMBER OF SERVICES PROVIDED ON-SITE IN SCHOOLS	TOTAL NUMBER OF SERVICES RECEIVED
Basic Needs	936	791	1,727
Education	1,614	1,637	3,271
Employment	94	314	408
Mental Health	852	4,255	5,107
Primary/Preventive Health Care	205	708	913
Recreation	196	774	970
Substance Abuse	2,579	21	2,600

The objective was achieved and the necessary documentation is on file.

5. Throughout the program year, Family Resource Center activities and services will be available to children, youth, and their families in a flexible manner.

DOCUMENTATION: A schedule of Center activities and services on file in the Program office

All staff employed by the SUCCESS Program work flexible hours and are available to children, youth, and their families on a twelve-month basis at the times that are most convenient to them. This includes before school, during school, after school, Winter and Spring breaks, and occasionally on weekends. This objective was achieved.

Staff Process Objectives

1. By the end of the program year, SUCCESS Program staff will have provided services to at least 800 unduplicated youth.

DOCUMENTATION: Records of referrals and the services provided compiled monthly and submitted to the Program Manager

2. By the end of the program year, staff of the Way to Grow, prenatal to age six component, will have provided services to at least 120 unduplicated children.

DOCUMENTATION: Records of referrals and the services provided compiled monthly and submitted to the Program Manager

Table 4 reflects the number of SUCCESS staff operating at each age level and the number of children and youth served during the 1996-97 program year.

Table 4
Individuals Served by SUCCESS Program in 1996-97

	NUMBER OF STAFF	NUMBERS SERVED - UNDUPLICATED COUNT
Way To Grow, prenatal to age six	7	649
Elementary Schools	7	537
Middle School	4	284
High School	5	265
Alternative Schools	2	156
Homeless Outreach Project	2	190
Substance Abuse Prevention Project	1	203
TOTAL	28	2,284

A confidential file was maintained for each individual having formal contact with SUCCESS staff and the services provided by staff were submitted monthly.

The objective was achieved and exceeded by over 250 percent. Documentation for this objective is on file with the Program Manager.

3. Throughout the program year, SUCCESS staff at Program schools will assess the need for drop-in youth and referred children/youth to be provided the services of a case manager.

DOCUMENTATION: Copies of referral forms and assessment interviews for each student referred on file with the Program Manager

Beginning with the 1994-95 school year, staff began to directly enter their own intake information into the database specifically developed for use by school-based programs. The intake format was revised to more fully assess the needs of children, youth, and families referred for service. This intake format documented the presenting issues, previous attempts to correct the problem, involvement with other agencies, staff impressions, family strengths and resiliencies, attendance/grades, behavioral and academic problems, and current recommendations for the child and his/her family. In the families of younger children, the intake format included the needs of the parents as well as the child/children. If the need for a more formal assessment was indicated, a referral was made to appropriate re-positioned staff or other agency staff in the community having expertise in an area where the family identified need.

Table 5 represents the total number of individuals receiving program services, the number of individuals receiving case management services, and the number of individuals receiving short-term services.

Table 5
Individuals Served in 1996-97

	TOTAL NUMBER RECEIVING PROGRAM SERVICES	NUMBER RECEIVING CASE MANAGEMENT SERVICES	NUMBER RECEIVING SHORT-TERM SERVICES
Prenatal to Age Six	649	254	395
Elementary Schools	537	296	241
Middle School	284	82	202
High School	265	100	165
Alternative Schools	156	42	114
Homeless Youth Tutoring	190		190
Substance Abuse Prevention Project	203		203
TOTAL	2,284	774	1,510

Case management services are defined as intensive assessment, referral and follow-up over time. Short-term services are defined as specific one or two contact interventions including but not limited to home visits, dental screenings, referral to appropriate resources, individual counseling, and connection to basic needs.

This objective was achieved. All referral and intake data documenting this activity are on file with the center coordinators, case managers, and the Program Manager.

4. Throughout the program year, case managers will develop a case management plan for each youth identified for case management services and will formally review the plan at least annually with the children or youth and families. To the degree possible, these plans will be referenced to identified benchmarks.

DOCUMENTATION: Copies of Case Management Plans for each youth/ family identified for case management services on file with the case manager

Case managers developed plans for each youth/family identified for case management services. All plans for active participants were formally reviewed in January and July by program coordinators.

This objective was achieved and appropriate documentation is on file.

5. Throughout the program year, each case manager will provide case management services to a minimum of 15 youth and their families.

DOCUMENTATION: Daily Service Logs

Each case manager, with the exception of the center coordinator, provided case management services to at least 15 children, youth and their families. At any one time, case managers provided services to no more than 20 families. As services for some families were terminated, other families were added. The 25 staff who provided case management services served an average of 31 families each over the course of 1996-97. The numbers of individuals at program schools receiving case management services are reflected in Table 5.

Case management services were terminated for a total of 216 individuals. Table 6 summarizes reasons for termination of case management services.

Table 6

Reasons for Termination of Case Management Services

	TOTAL # RECEIVING CASE MANAGEMENT SERVICES	TOTAL # OF SERVICES TERMINATED	REASONS FOR TERMINATING SERVICES					
			GOALS ACHIEVED	OTHER AGENCY PROVIDING SERVICES	NO PROGRESS ON GOALS	MOVED	REFUSED SERVICES	UNCOOPERATIVE AND OTHER
Prenatal to Age Six	254	59	8	4	1	25	7	14
Elementary	296	73	21	1	6	31	4	10
Middle School	82	23	2	2		11		8
High School	100	42	8	4	3	10	8	9
Alternative Schools	42	19	3	3	2	7	2	2
TOTAL	774	216	42	14	12	84	21	43

While 19 percent of the individuals terminated case management services because they had achieved their goals, another 39 percent moved and were either not interested or not available for continued services. A total of six percent terminated services because another agency was determined to be more appropriate to provide case management service. Just over one third of those who terminated services did so because no progress was made on goals, services were refused, they were uncooperative, or for other reasons as reported by case managers. Anecdotal data indicate that problems facing families are more severe, and that families are more resistant to services. Because SUCCESS is a voluntary program, those that are referred have the option of not participating. Though they initially may refuse services, families may decide to participate in program services when they are ready.

Table 7 summarizes selected services provided by program staff during the 1996-97 school year.

Table 7
Services Provided by SUCCESS Program Staff in 1996-97

	Home Visits	Case Facilitation and Follow-up	Individual Counseling	Office Visits
Prenatal to Six	1,596	1,815	372	2,224
Elementary	1,418	1,394	969	1,875
Middle	304	716	1,234	166
High School	175	520	730	667
Alternative High	110	643	1,256	80
TOTAL	3,603	5,088	4,561	5,012

The magnitude of contacts reflected in the above table indicates the intensity of services provided to those families that are assigned to receive services from a case manager. Based on the above data, an average of 24 services were provided by the case manager to each individual receiving case management services. An average of 5 home contacts/home visits for each family during 1996-97 were made by case managers.

This objective was achieved at the level indicated.

- Throughout the program year, program staff will secure releases of information and any necessary parental permission for youth participating in center activities.

DOCUMENTATION: Copies of parental permission forms on file with the Program Manager

An Authorization for Release of Confidential Information which included consent to participate in program services was obtained in all situations where outside agency involvement was indicated. This agreement made it possible to provide coordination between multiple agencies and improved access to information with shared clients.

This objective was achieved and documentation is on file with the Program Manager.

7. Throughout the program year, where appropriate, SUCCESS Program staff will make referrals to community service agencies; 70 percent of these will result in service being provided.

DOCUMENTATION: Copies of referral follow-up information generated from the Log of Referrals

Of the 2,280 referrals to outside agencies that were made by SUCCESS Program staff, 1,989, or 87 percent, resulted in agencies actually providing services. Table 8 further delineates agency referral data by school:

Table 8
Referrals to Community Agencies in 1996-97

	Referrals	Services Received As A Result Of Referral	Percent Resulting In Services
Prenatal to Age Six	607	548	90%
Elementary Schools	800	669	84%
Middle School	365	315	86%
High School	267	233	87%
Alternative High	241	224	93%
TOTAL	2,280	1,989	87%

While staff expected all referrals to result in families being connected with needed services and provided follow-up with family members to support and expedite that connection, a variety of resistances and conditions prevented this connection from taking place. The following characteristics are common in families of children and youth who are living with conditions which place them at risk. These families often:

- have very limited financial resources,
- lack organizational skills and tenacity required to demonstrate that they qualify for services,
- are suspicious of outside assistance,
- feel overwhelmed and discouraged with the task of meeting basic needs,
- have a previous history of negative interactions with outside agencies and institutions,
- lack a support network of family/friends who will encourage and support change,
- place mental health needs as a last priority,
- are more comfortable with crisis than change,
- are invested in keeping "family secrets",
- lack transportation.

In light of these characteristics, 87 percent of referrals made to outside agencies resulting in contact is considered a very effective rate.

This objective was achieved, and documentation is on file with the Program Manager.

8. School nurses will provide a comprehensive year-round health program which emphasizes child wellness activities including appropriate life style skill development.

DOCUMENTATION: Copies of Annual Reports and Logs of Services

Nurses at Moulton, Harding, and North were employed full-time on a 12-month basis and also offered services during the summer of 1996. Part-time nursing services were available at Findley, Lucas, and McKinley. In their expanded roles they were able to offer the following additional services:

Complete review of medical records for incoming students before the start of school

Dental screenings

Tooth brushing program at Moulton resulting in a 34% improvement in oral hygiene and a 36% decrease in the referrals for cavities

Home visits to all kindergarten and third grade students

Immunizations

Physicals

Summer sessions for children and families enrolled in McKinley ESL program included:

-First-aid

-Counseling

-Communicable disease screening

-Parent conferences

-Health lifestyle

First aid, wound care, and parent education for assessment of illness at Lucas

This objective was achieved and documentation is on file with the Program Manager.

Progress Towards Meeting Past Needs

Following is a list of the needs that were identified in the 1993-94 program evaluation and progress made towards meeting each need.

NEED

Expanded mental health services offered on-site and available to families who are underinsured or have no insurance.

No district evaluation tool existed for principals to use in evaluating program staff.

Changes in families' needs and development of new strategies to work with families requires opportunities for continuing education for staff.

Expansion of services to East High School, Hiatt Middle School, and Edmunds, King, and Longfellow Elementary Schools.

Confidential office space for Vincent C. Scavo High School and Lucas Elementary.

PROGRESS

United Way provided funds to expand mental health clinicians roles to full-time at Findley, Lucas, McKinley, and Moulton.

An evaluation tool was developed which was consistent with the format used by the district and based on the case manager job description.

Staff were provided with opportunities to attend a variety of in-service trainings and workshops. All staff were involved with the Family-Centered Practices Symposium co-sponsored by United Way, Drake University Head Start, and Des Moines Public Schools SUCCESS Program.

The SUCCESS Program was implemented at East High School, Hiatt Middle School, and Edmunds, King, and Longfellow Elementary Schools in the Fall of 1994. Two case managers were employed at each elementary building. One of these case managers served families with children prenatal to age six and the other served families with children of elementary age.

Confidential space has been identified for both of these sites.

(continued on next page)

NEED

Technology expansion.

Continued funding.

After-school and summer activities and services for children and youth that are safe, supervised, and affordable are limited.

PROGRESS

All staff received training in the use of FileMaker Pro and in using the "2 E.A.S.Y." database. Equipment needs still exist to provide each staff with an individual computer.

The SUCCESS Program continues to seek financial support from public and private sources. Program staff submit monthly time logs for Medicaid Administrative reimbursement.

The SUCCESS Program worked collaboratively with the new John R. Grubb YMCA to offer after-school programs to elementary students attending SUCCESS Program schools and offered a summer mentoring program serving middle school students

FUTURE PLANNING

This report represents the fourth district evaluation of the SUCCESS Program which began offering services to children, youth, and their families in the Fall of 1990 and of the Way To Grow component which was added to SUCCESS in the Fall of 1993. The experience of the program this year in providing school-based services in the primary areas of employment, mental health, preventive and primary health care and case management indicates that the outcomes for children, youth, and their families was very positive in assuring that children and youth will graduate, be employable, and remain/become healthy and drug-free.

Based on program experience in offering services over the past seven years, the following continue to be the areas of greatest unmet need in priority order:

- Basic Needs, i.e., safety, shelter, food, clothing
- Mental Health Counseling
- Substance Abuse Prevention, Assessment, and Referral
- Services to Pregnant/Parenting Teens
- Transportation
- Employment
- Medical Services
- Mentoring/Tutoring Services
- Recreation

Although the SUCCESS Program has been successful in integrating mental health clinicians from the Des Moines Child and Adolescent Guidance into the program design in four selected elementary buildings, there is a need for additional on-site services on a regular basis.

There continues to be great need for mental health services at the secondary level for students and at the elementary level for parents. There is a need for a mental health professional who can meet regularly with students whose families have no insurance or who are underinsured. One full-time mental health professional who had two full days re-positioned with the SUCCESS Program could provide services to students on a regular basis at the six secondary and program schools. Potential for billing through Title IXX will be explored.

Daycare for pregnant and parenting teens who choose to continue their education at comprehensive high schools continues to be a great need. While child care funds are available through Temporary Assistance To Needy Families (TANF), Child Care Block Grant funds, and United Way, teens often face barriers in finding available slots in a location convenient to the school they attend. This places a great burden on those teens who lack family support and do not have the financial resources to provide for daycare.

Considering the great unmet needs in the areas referenced above, staff will continue to collaborate with community human service agencies and United Way to strengthen services to highest risk populations.

Because the need for coordinated services is great and the intensive involvement with families that is provided by a case manager is a critical factor in initiating and maintaining change for students and their families, Brooks, Wallace, and Willard Elementary Schools have requested expansion of case management services to these schools. As staff and services expand to other schools, it is essential that professional, confidential office space be provided and that support be available for Family Resource Center to function effectively.

Continued funding for the SUCCESS Program is being addressed as state funding was limited to the second four-year grant which is completed at the end of the 1997-98 school year. While it is possible to use Dropout Prevention dollars, there are no additional funds for continuing school-based programs. Efforts are being coordinated by the Department of Education to identify funding for existing school-based programs so that they can serve as models and provide support to additional communities as they implement school-based programs.

We are fortunate to continue to have the support of the Greater Des Moines Community Foundation and their representative Fred Weitz in seeking contributions from the private sector. A goal of raising one million dollars from the private sector from 1993-96 was met successfully. Program staff will continue to seek public funds and will coordinate private sector grant writing opportunities with staff of community funding sources.

Staff from United Way of Central Iowa, Head Start, and Des Moines Public Schools continued to meet to implement the plan for the mobilization of a Children's Action Alliance and creation of a component, Way to Grow, which has reached those not currently served by the SUCCESS Program. With the addition of the Way To Grow component—whose target population is children from prenatal to age six and their families -- coordinated health and human services has been made available to the complete age continuum of children living in the attendance areas of those schools demonstrating the highest need. Changes in the documentation of services to include a holistic approach with families has been developed to address the needs of younger families. It is important not to lose sight of services to families prenatal to age six in addition to the great need for services with school-aged children and families. Indeed, recent research on the brain from Dr. Harry Chugani of Wayne State University documents how experiences during the first three years of life determine brain growth and development for future years.

Recognizing that the SUCCESS Program is serving a small number of Asian children and families, emphasis will be placed on making community connections and linking with existing groups to better serve the Asian population. In addition, development of a SUCCESS Parent/Youth Advisory Committee to facilitate input by participants into program design and effectiveness is recommended.

To further support and strengthen children's academic progress, case managers will consult with Reading Recovery teachers to determine if there are support services needed for the individual child and family receiving Reading Recovery. For example, in the area of attendance, SUCCESS case managers may be helpful in counseling with the family, to prioritize children's attendance at school, and to provide services that would make better attendance more likely. On some occasions, children have been dropped from the Reading Recovery program because of their poor attendance. During the 1996-97 school year, 39 children were served by both Reading Recovery and SUCCESS case management services. This represents 23 percent of Reading Recovery students in the seven SUCCESS elementary buildings.

There is a need for continuous and consistent training for case managers in family development: assessing need, setting goals, engaging families and overcoming obstacles. Options for training will be explored including costs for individual case managers to receive training or developing capacity through a train the trainer model. A certification process for family development specialists would enhance the ability of staff to deliver high quality services.

A hook-up to CIMS in all program buildings will improve access to demographic information, attendance, and grades; eliminate duplication in data entry; and increase accuracy. The installation of E-Mail will continue to improve communication between buildings and with the New Horizons Office.

BEST COPY AVAILABLE

Program needs, listed in order of priority, and projected costs for 1997-98 are:

NEED	PROJECTED COST
4 Macintosh computers (with Microsoft Word 5.0 and FileMaker Pro installed)	\$ 14,000
Mental health services expanded at both elementary and secondary levels (5 mental health clinicians at \$35,000)	175,000
Day care staff and facilities at comprehensive high schools (5 staff at \$35,000 and 5 facilities at \$7,000)	210,000
Training for case managers in a family development specialist model (22 staff at \$750 each)	16,500

M-111 - SUCCESS District Evaluation